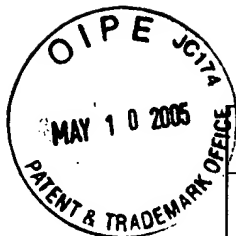


Corres. and Mail
BOX AF

AF

AF 11W



MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER

Docket No.
0649-0679P

Application No.
09/256,368-Conf. #009732

Filing Date
February 24, 1999

Examiner
J. A. Amini

Art Unit
2672

Applicant(s): Tsuneo SATO et al.

Invention: COLOR CHARACTERISTIC DESCRIPTION APPARATUS, COLOR MANAGEMENT APPARATUS, etc.

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =	0		
Independent Claims	2	- 6 =	0		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

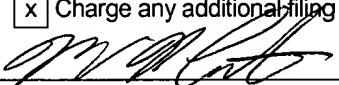
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Michael R. Cammarata
Attorney Reg. No.: 39,491

Dated: May 10, 2005

BIRCH, STEWART, KOLASCH & BIRCH, LLP
8110 Gatehouse Rd
Suite 100 East
P.O. Box 747
Falls Church, Virginia 22040-0747
(703) 205-8000



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/256,368-Conf. #009732
		Filing Date	February 24, 1999
		First Named Inventor	Tsuneo SATO
		Examiner Name	J. A. Amini
		Art Unit	2672
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0649-0679P
TOTAL AMOUNT OF PAYMENT		(\$)	0

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>02-2448</u>
Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims							
<u>17</u> - 20 = <u>0</u> x _____ = _____							
Extra Claims							
<u>0</u> x _____ = _____							
Fee Paid (\$)							
Multiple Dependent Claims							
Fee (\$)							
Fee Paid (\$)							
Indep. Claims							
<u>2</u> - 6 = <u>0</u> x _____ = _____							
Extra Claims							
<u>0</u> x _____ = _____							
Fee Paid (\$)							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		_____	/50 _____ (round up to a whole number) x _____		_____	= _____	
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	39,491
Name (Print/Type)	Michael R. Cammarata	Telephone	(703) 205-8000
		Date	May 10, 2005



FEE SUMMARY SHEET
Transmittal -- Amendment

Date: May 9, 2005
Time: 4:39 PM
Docket: 0649-0679P

Filing Date: February 24, 1999
Application No: 09/256,368
Total Fee: \$

Code	Amount	37 CFR	Fee Description
------	--------	--------	-----------------



MS: AF
REPLY UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP: 2672
PATENT
0649-0679P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Tsuneo Sato et al. Conf.: 9732
Appl. No.: 09/256,368 Group: 2672
Filed: February 24, 1999 Examiner: Javid A. AMINI
For: COLOR CHARACTERISTIC DESCRIPTION
APPARATUS, COLOR MANAGEMENT APPARATUSK
IMAGE CONVERSION APPARATUS AND COLOR
CORRECTION METHOD

REPLY AFTER FINAL UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 10, 2005

Sir:

In response to the Examiner's Office Action dated February 10, 2005, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

This Paper includes:

Amendments to the Claims, which are reflected in the listing of claims beginning on page 2 of this paper; and

Remarks/Arguments, which begin on page 12 of this paper.